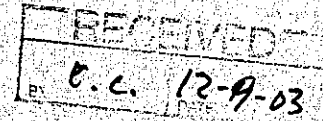


Exhibit F

226-0949/50/51

Department of Labor & Immigration
Division of Labor
Safety & Health Unit



Business Establishment Request Form

The undersigned hereby states that I/We give the Director of Labor or authorized designee a consent to conduct an establishment inspection.

EMPLOYER'S NAME	JUNG JIN CORPORATION		
TYPE OF BUSINESS	Mini Mkt/Laundromat/Poker		
MAILING ADDRESS	P.O. Box 503428, Saipan, MP 96950		
CONTACT PERSON	Mrs. Kim or Cindy Yu		
TELEPHONE NO.	483-4321 or 483-8383		
NO. OF NON-RESIDENT EMPLOYEE(S)	4		
NO. OF RESIDENT EMPLOYEE(S)	2		
POSITION APPLIED FOR	General Supervisor		
CONSENSUAL TRANSFER		T.W.A.	
ADMIN. ORDER TRANSFER		RENEWAL	X
PERMIT EXP. TRANSFER		REPLACEMENT	
LOCATION	C.K., Saipan		

Park Hwa Sun

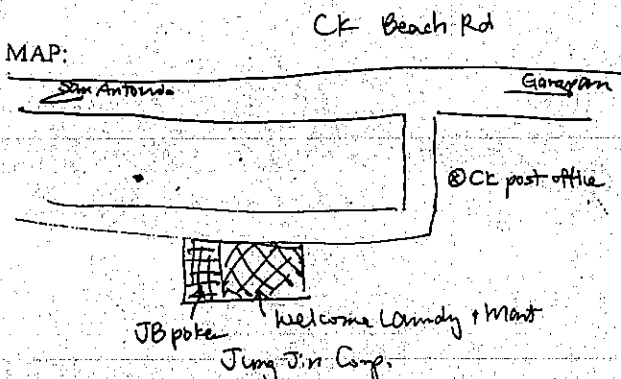
Park, Hwa Sun /President

12/08/2003

EMPLOYER'S NAME/TITLE (PRINT & SIGN)

DATE

DRAW A DIRECTIONAL MAP:



00294

Attach the following requirements upon submission of the business establishment inspection request form:

1. A copy of the business license
2. A copy of the lease/rental agreement.